

30903 U.S. PTO

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	B.S		02.14.01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			3-8-01
FORMALITY REVIEW	TR	1112	9/27/01
RESPONSE FORMALITY REVIEW	A.S	943	11-7-1

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	2-7-01
2	5-19-03
3	10-21-03
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Claim	Date
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If more than 150 claims or 10 actions  
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